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LECTURE ON THE TREATMENT OF DYSENTERY.

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In my last lecture I spoke to you of dysentery. I might have sketched different modes of treatment, as influencing the mortality in this disease, but I preferred waiting till you should have seen a number of cases. There are various general modes of treating it. All dysenteries vary in violence, and there is no simple set of symptoms, but the greatest variety; these correspond to the severity of the disorder, the rectum alone being affected, in many cases, while, in others, the whole mucous membrane of the alimentary canal is involved. This last is the ordinary form of the disease when it prevails as an epidemic, which is local, usually confined to particular districts. There was lately an epidemic at Germantown, which was very severe, though the city of Philadelphia has been healthy. Princeton, and its vicinity, were subject to epidemic attacks of dysentery of a very aggravated character, which yielded but little to medicine. The epidemic of last summer, which some of you witnessed, was the most severe that has occurred in Philadelphia for many years.

In France, very simple modes of treatment only are required; Broussais's plan of using opiates—paralysing the bowels, putting them into splints, as it were, scarcely ever fails. In Paris, I never saw a fatal case of dysentery; and a gentleman there, who had charge of a large hospital, told me that, in many years, he had lost but three or four cases of it. In cases where there are but few nervous symptoms, and no ataxic condition of the system (meaning by ataxic, severe prostration of strength), we can readily cure by mere opiates, say twenty drops of laudanum, frequently repeated. They soothe the irritation; the narcotic checks the action of the bowels, and nature effects a cure. In severe cases we must address our remedies to the skin, and make use of local depletion. Bleeding from the arm is rarely necessary; cataplasms should be applied over the bowels, and we may use leeches to the anus and abdomen. Depletion from the anus is very serviceable, as it acts almost immediately upon the inflamed surface.

There was a case shown to some of you, this morning, of a child, which had been attacked with measles, followed by dysentery; the disease was confined principally to the rectum and lower portion of the colon; the upper part of the colon was pale, and some false membrane spread over the rectum, and there was, also, some softening of the mucous membrane. Slight cases involve the rectum alone, the transverse or descending colon being never affected, and they are at once cured by leeches to the anus. In inflammatory cases, this sometimes acts like magic.

In some years dysentery is more rapid in its course, and will not yield easily to remedies. I will now speak of the dysentery of warm climates. Warm weather, or, rather, warm days, followed by cold nights, such as are common in tropical climates, produce the disease. The late change in the temperature has already produced several cases of dysentery; the thermometer having fallen twenty degrees in the last two days. Chronic dysentery, for I have not seen the acute form in tropical climates, usually occurs from exposure to the night air, after very warm days. Sailors who have their watch on deck during the night, are very subject to it.

Various kinds of treatment are serviceable in different stages of dysentery; as to which is the best, I am undecided. It is impossible to lay down any one plan for managing the disease, as we must modify our practice according to the particular character of the affection at the time. Last year it was very malignant, there was great disposition to gangrene, and fœtid sloughs were mingled with the stools. Post-mortem examinations showed ulcerations and gangrene of the intestines. During life there was great prostration and much subsultus. Depletion would not here have answered; in strong men it might have been beneficial, but I am by no means sure of it. In typhoid cases, as they are called (using the word typhoid in a very vague sense), we must attend particularly to the skin, and give mild stimuli; a prescription of Dr. Twining's I have found beneficial, consisting of:—Pulv. ipecac., gr. vi.; ext. gentian., gr. iv.; pilul. hydrarg., gr. v. Three times a day.

This was used towards the close of the disease, and did much good; but little opium was given with it, and the discharges from the bowels became more feculent and less frequent. Our treatment did more good towards the close of the disease, in accordance with the rule that all epidemics become milder after a time. It is the case with fever and ague, yellow fever, cholera, &c. I could not decide as to the efficacy of this treatment in very severe cases. We used, besides this prescription, a combination of ipecacuanha, calomel, and opium, such as is employed in bronchitis, accompanied with great prostration. The calomel was increased from one sixth to one fourth and one half of a grain every two hours, when salivation was desired, and a grain of ipecacuanha, and from one to two grains of opium, according to the severity of the sypmtoms, were combined with it; in mild cases this treatment proved very serviceable. In the first prescription the ipecacuanha did the most good by its effect upon the skin; occasionally, but not frequently, vomiting was produced. Where the last prescription was used, it was evidently the mercury that acted, and the speedy relief of the symptoms, when the gums were touched, was very decided. In cases accompanied with much sloughing, the mercury did not appear to be of great service.

There has been introduced in these cases, within a few years, a combination of sugar of lead and opium. The claim to the origination of this remedy is a disputed point; a very respectable physician, in extensive practice in this city (Dr. Harlan), first advocated it here. Dupuytren suggested its use in cholera, six months before the disease appeared in Paris, and treated a number of patients with it in a ward of one of the hospitals, and, after losing rather more than any one else, he gave it up.

Two years ago this remedy, in my hands, answered better than last year in checking the hæmorrhage from the intestines, for the disease was not, at that time, attended with so much prostration as last year. The most severe case under my notice occurred in one of the house-physicians; this gentleman took two grains of acetate of lead with a grain of opium every hour for several days, being, as you see, a very large quantity of each article, but it did little good; the opium was then increased to two grains every hour, for four hours, when he became drowsy and the discharges were less frequent, were not attended with so much pain, and diminished in quantity; he finally slept for some time. Very large doses of the sugar of lead may be given in severe cases without producing any griping pain in the bowels, although it is otherwise in milder ones; and this does not appear to be owing to any carbonate of lead that may be mingled with the salt, for in all our good apothecary shops it is kept in the form of crystals, and powdered when wanted for use. Ipecacuanha or mercury is occasionally added to it.

Great benefit is derived from injections, in mild cases; but, when there is much irritation of the lower part of the bowels, they cannot be borne; even laudanum, added to a very minute portion of mucilage and thrown up, will excite immediate spasm and be rejected; the mechanical irritation of the pipe of the syringe will also forbid its use, so that in such cases the opium must be taken by the mouth, though it is not so beneficial as when it can be given by injection. Towards the close of the disease, injections of laudanum will be very serviceable. We may also apply narcotics to the skin, either to the anus or over the abdomen; in children, a few drops of laudanum in a poultice, applied to the anus, will act very readily. With adults not so much effect is produced, for the skin of children absorbs with much greater facility, than with grown persons. In adults a teaspoonful may be used, with but little effect, but in an infant it is unsafe to begin with more than three drops poured on the poultice. We can increase the quantity, gradually, watching the effects of it.

There are also hygienic remedies deserving attention, food and medicine to support the strength. Brandy punch and toddy, port wine, or even claret, are indispensable when the disease is accompanied with much prostration. Brandy toddy, warm, may be given frequently, and in small doses, and is probably the best remedy in severe cases. Milk punch is applicable to mild forms of the disease, but, when there is much inflammation of the intestines, the digestion of the milk will prove injurious, as it coagulates in the stomach, and by passing into the bowels will increase the evil already existing. In chronic cases port wine is serviceable, but it is too stimulating in the active stages of the disorder. In using these remedies you must be guided, in a great measure, by the feeling of the patient; and if he complain, after their use, of a burning heat and pain in the stomach, they must be discontinued, and mucilages resorted to; cold water alone, or with some mucilage in it, is very good. With regard to the choice of a mucilage, you may be guided by the taste of the patient. The bene plant, slippery elm, rice or gum arabic are all used, although differing somewhat in their effects, some being astringent, and others slightly laxative; the taste of the patient is always the best criterion; towards the decline of the disease, broth must be given and biscuit soaked in wine and brandy; the diet must be principally farinaceous, as articles of this sort are more easily absorbed in the active stages of the disease. In chronic cases this insipid food frequently disgusts, and it will be necessary to change it.

Last summer a number of experiments were performed, of which I hope to give an account in the course of this summer, with a view of testing the nature of the secretions, and they were all found to be alkaline; the saliva, the urine, the perspiration and the evacuations from the bowels. I then gave, with a view to correct this state of things, sulphuric acid, of course very much diluted, and I have also used it this year; the saliva, urine and perspiration became acid, but the discharges from the bowels continued of the same character and as frequent as before; there was less pain, but this was probably owing to the opium. I then abandoned the acid and used opium alone.

During the last summer the mineral acids were very useful in New England, where there is a domestic prescription highly spoken of, in epidemic dysentery, consisting of vinegar and salt, which, no doubt, owes its efficacy to the acid; whether acids would effect a cure I have not determined, but I know that they alter the secretions very materially. Here, for some time, a mixture of Hope's has been found very beneficial, consisting of camphor and nitric acid, not enough to irritate, combined with laudanum, in sufficient amount to check the frequency of the discharges. In the quantity of opium to be administered, we must be guided by the effect it produces. When the tongue becomes dry, attended with stupor and prostration, it must be reduced, not when the prostration is the effect of the disease; but when the face becomes livid and turgid, opium is prejudicial, except in small doses. As palliatives, several means are to be used; opium is always serviceable to tranquillize the system and allay pain, when alone or in combination. A mixture of camphor and opium is frequently used by persons afflicted with this disease, without consulting a physician; at night more especially is this required, in order to procure sleep; during the day, it is frequently better not to use it.

Of the purgative mode of treatment, I am not disposed to think favorably, in severe cases; in slight cases it is unquestionably very beneficial, but my own experience is against it as a general mode of treatment. Castor oil with laudanum is one of the best towards the close of the affection; it removes the scybala from the colon, and, as is generally the case, slight inflammation, especially of the mucous membrane, is best removed by a slight stimulus. Mercurials I prefer in the treatment of dysentery, to what is called the saline treatment, always varying the remedies, according to the particular variety of the disease at the time.

I know that the saline treatment has had some strong advocates, but I am not at all satisfied with it, not because I have not tried it, for I have tried everything, but the results have not been such as to induce me to give it any preference. Finding dysentery to be so complicated a disease, and so protean in its aspect, and that it may be treated in so many different ways, you might be led to suppose that one mode of treatment was as good as another, and that the patient would do as well, if let alone. Such, however, is not the case; any plan of treatment, unless manifestly absurd, is better than none, and a very good guide to us will be the instincts of the patient; if he desires hot drinks, we may gratify him, or should he give a preference to iced water, it will not be found injurious. Opium may be given, either to excite narcotism, in a slight degree, or merely as a palliative.

The chronic form of dysentery is very common among persons who have had this disease, with great severity, in the tropics; it is accompanied with ulcerations in the colon, and the intermediate mucous membrane is of a dark slate color. Chronic diarrhœa we may often suspect to proceed from the presence of tubercles. In France all chronic diarrhœa is regarded as arising from tubercles; but, in this country, though very frequently, it is not invariably the case. The mucous membrane is pale and softened, and the character of the fluids is changed. This alteration in the mucous membrane is a secondary and not a primary lesion. In such cases as these, mercury may be pushed to gentle salivation, and much benefit will be derived from sulphur baths. A sea voyage is also very serviceable. Patients here, laboring under this disorder, are frequently sent to the Virginia springs, but the sulphur bath, made artificially, I am disposed to think more beneficial from our making it stronger. Cold or salt baths, according to the feelings of the patient, may also be used with advantage. In chronic forms of the disease, we should abstain, in a great degree, from internal remedies; the insipid articles of diet should be used, unless the disease remains stationary, in which case we may change it completely, substituting mutton chops, chicken, and wine, such as claret. A friend of mine, in Paris, who had labored under the disease for a long time, and persevered in a farinaceous diet, and the use of opium, was cured by abandoning it and eating beef steaks and drinking the old French wines. Port is a good wine, but here we can seldom procure it pure; the French wines are slightly acid and astringent, and answer a very good purpose. I have not spoken to you of diarrhœa, as a separate disorder, as it will come in in an after-part of the course, and is a subject involving extensive connections. It may occur either as a primary or as a secondary disease, in which case it is often attended with organic changes.—*Med. Examiner.*

DR. SIGMOND ON MERCURY.

[Continued from page 413, Vol. 18.]

Mercury unites with oxygen in two proportions, and the preparations which are the result have admission into the Pharmacopœia, under the names of hydrargyri oxidum and hydrargyri binoxidum. The first of these is obtained from an ounce of the chloride of mercury and a gallon of lime water: mix, and frequently shake them; set by, and when the oxide has subsided, pour off the liquor; lastly, wash it in distilled water until nothing alkaline can be perceived, and dry it in the air wrapped in bibulous paper. Here the chlorine of the chloride enters into combination with the calcium of the lime, and chloride of calcium is obtained, which remains in solution, and is abstracted in the pouring off of the liquor. The oxygen of the lime entering into union with the mercury forms the precipitated oxide of mercury. Digested for a short time with diluted hydrochloric acid and strained, neither solution of potash nor oxalate of ammonia throws down any precipitate. It is totally insoluble in acetic acid; by heat it is entirely dissipated. It ought to be nearly black; it is nearly insoluble in water, but soluble in the acids, forming a peculiar class of salts.

Mercury in this slightly oxidized state was known to Aristotle, who states that on mixing this metal for a long time with the saliva a useful remedy is obtained in the cure of some of the diseases of the skin; but in modern times, it was Boerhaave who drew attention to it. He observed, that whether we rub the mercury with the hand, agitate it in the air, or shake it in a bottle, triturate it with any thick viscid liquid, it is converted into a black oxide, which is again restored to the state of fluid quicksilver by the action of fire, and even of light. This powder, from its color, he called "Æthiops per se."

The complete oxidation of mercury is the result of a process described by the older alchemists; it was well known to Boyle, and he invented a particular apparatus which was long known under the name of "Boyle's Hell," in which it was said he tormented the metal. This oxide of mercury contains nearly a tenth part of its weight of oxygen; and it was from this that Dr. Priestley first obtained oxygen in its pure state in the year 1744, and upon the investigation of its properties was laid the foundation of the doctrine of the gases now so universally acknowledged to be the great source of the discoveries of modern chemistry. It is the hydrargyri oxydum rubrum of the last Pharmacopœia; and the formula, as at present laid down, is—take of bichloride of mercury four ounces, solution of potash twenty-eight fluid ounces, distilled water six pints, dissolve the bichloride in the water, strain and add the solution of potash; wash the powder thrown down in distilled water, until nothing alkaline can be perceived, and dry it with a gentle heat. On the mixture of the bichloride with the solution of potash, decomposition occurs; the two parts of chlorine which exist in the bichloride take two of potassium; hence two parts of chloride of potassium remain in solution, whilst the two parts of oxygen combine with one part of mercury, and this is precipitated, forming an orange-red powder. If this be heated in open vessels it sublimes, and the result is a transparent vitriform substance of a singularly beautiful ruby-red color; if heat be applied, it yields oxygen, and the mercury either runs into globules, or is entirely dissipated; it is completely soluble in hydrochloric acid; it is very acid to the taste; has no odor. Boerhaave tried many experiments with the red oxide of mercury; and the greater part of our knowledge, as to its chemical characteristics, is owing to his labors. Neither of these salts have acquired much reputation in the cure of disease; the oxide is given in the form of pill, in the dose of a grain; the binoxide is very active, it excites vomiting and purging; but it ought rather to be considered as a poison than a medicine, for its effects as the latter are very uncertain, whilst its deleterious powers are most decided. Neither of these salts has ever been the subject of any very peculiar inquiry by medical men, with the exception of the learned Boerhaave.

There is another preparation in the Pharmacopœia very rarely employed internally, in which the mercury is in the state of binoxide, containing also a little nitrate; it is called "hydrargyri nitroco-oxydum," and was formerly known by the name of red nitrate and red corrosive mercury; it is thus formed—take of mercury three pounds, nitric acid a pound and a half, distilled water two pints; mix them together in a proper vessel, and apply a gentle heat until the mercury is dissolved; boil down the liquor, and rub what remains to powder; put this into another very shallow vessel, then apply a slow fire, and gradually increase it until red vapor arise. This preparation is of a bright red color; it resembles, in most points, the binoxide. On the application of heat no vapor is evolved; neither lime water nor hydrosulphuric acid throws down anything from the water in which it has been boiled. The ammonio-chloride of mercury was formerly called the white precipitate, and occasionally used as a remedy externally in cutaneous disease. It is formed of six ounces of bichloride of mercury, distilled water six pints, solution of ammonia eight fluid ounces; dissolve the bichloride of mercury with the application of heat in the water. To this, when it is cold, add the solution of ammonia, frequently stirring; wash the powder thrown down until it is free from taste; lastly, dry it. This preparation is completely evaporated by heat. When digested with acetic acid, iodide of potassium throws down nothing, either yellow or blue. It is totally dissolved by hydrochloric acid, without effervescence. When heated with solution it becomes yellow, and emits ammonia. There are different theories as to the composition of this salt.

Mercury very readily enters into union with sulphur, both by simple trituration and by the action of heat. The first operation performed was the rubbing together of the liquid metal, and two parts of sulphur, which was called, from the black color that was assumed, the Æthiops mineral. A salt, called the hydrargyri sulphuretum cum sulphure, and formerly hydrargyri sulphuretum nigrum, has now a place among our medicines, and is directed to be made of equal parts of sulphur and of quicksilver, which are to be rubbed together until globules no longer appear. It is not only a simple mixture that is the result of this trituration, but the sulphur actually combines and adheres to the mercury, and separation cannot take place but by chemical means. Still, however, a strong magnifying glass enables us to see oblong globules of mercury; this is a very black insipid powder, which diffuses a fœtid smell; it whitens gold when rubbed upon it, and totally evaporates by heat. At one time it was commended as a powerful cutaneous medicine, and in the dose of half a scruple was administered; it has, however, fallen into disuse.

The black sulphuret, by fire, or the Æthiops mineral, by fusion, was variously prepared by the alchemists, but most of their processes were susceptible of detonation, and, therefore, accidents very often occurred in the laboratory. Bayen, indeed, has shown that the oxides of mercury fulminate by a small quantity of sulphur when heated together strongly.

The bisulphuret of mercury is the artificial cinnabar of chemical authors; the red sulphuret of mercury of the former Pharmacopœia. Great difference of opinion has existed as to the relative proportion of the principles, and as this salt is in great request in the arts, on account rather of its beautiful color than of its medicinal virtues, great attention has been paid to its manufacture. In "Crell's Journal," and in the "French Annals of Chemistry," is much curious matter upon its proper fabrication. It is directed to be made of two pounds of mercury, five ounces of sulphur; mix the mercury with the sulphur, melted over the fire, and as soon as the mass swells remove the vessel from the fire, and cover it strongly, lest inflammation should occur; then rub to powder, and sublime. In the first part of the process combination takes place between the mercury and a portion of the sulphur; by continuing the heat, the excess of the sulphur is diminished, and, upon sublimation, this salt is obtained in mass of a dark, or dull brick color; but when it is powdered, a beautiful vermillion is produced, which is unalterable by the air; but several of the metals possess the power of separating the mercury. It is used in mercurial fumigations, heat being applied.

A preparation of very great utility is formed by the union of mercury with chalk; by triturating together three ounces of the metal, and five ounces of prepared chalk, until globules are no longer visible, a mild mercurial preparation is obtained, which was formerly known by the name of the alkalized mercury. There are three other formulæ in the last edition of the Pharmacopœia; the bicyanide of mercury to which I have before alluded, composed of two equivalents of cyanogen and one of mercury; the iodide, composed of one equivalent of iodine and one of the metal, and the biniodide, formed of two equivalents of the iodine and one of mercury; but as these are scarcely known to us as mercurial preparations, I shall defer speaking of them until the properties of iodine become the subject of my consideration.

Besides these preparations there is a vast number of others which have been at various times highly extolled by medical men. We find the milk of mercury, the mercury of life, the mercurial tincture, and a long catalogue of recipes are collected by Swediauer, and other writers who have availed themselves of the knowledge of the older alchemists. The "Pharmacopœia Syphilitica of Swediauer" contains a methodical table of these remedies.

The chemists, and amongst them Fourcroy, considered mercury only as medicinal from its being an oxyphorous substance; that is, a substance which possesses the power of imparting to the animal economy oxygen; and they believed that the good effect that was derived in the cure of disease solely depended upon the superior power of the different preparations, according to the quantity of the aerial fluid each contained, and they divided them into four classes. In the first those were enumerated which were in the least state of oxidation, such as the oxide of mercury, which was prepared by various processes, by the addition of mucilage, by syrup, or by the saliva; in the second class were those salts which have but sparing solubility, such as the chloride or calomel, and are but little oxidated; in the third were the oxides of mercury which were in union with sulphur, and whose action is but very slight, and only when they are in the form of vapor; the fourth class was composed of those mercurial remedies which are more highly charged with oxygen, either alone or in combination with other acids; amongst these the nitric oxide and the bichloride were ranked, and to this class the general name of oxygenated caustics was applied. But this theory did not long maintain its ground, and various have been the speculations which have been entertained as to the peculiar mode of operation of the different salts, which, although they all have certain properties which belong to them as a family, differ most materially each from the other in the intensity, the duration, and the celerity of their action.

There are marked characters which peculiarly distinguish them from the salts of all other metals, and the most striking are the effects upon the salivary glands, their power over the syphilitic disease, and likewise their so influencing the human economy as to produce affections which bear a very striking resemblance to the symptoms which the metal has the power of curing. No substance with which we are acquainted has such a diversified operation upon the animal economy; its effects are so various, it influences so many organs, the phenomena it excites are so remarkable, that we cannot feel surprised that so much has been written upon it, and that there exists so many opinions, though not decidedly at variance with each other, which often clash and render a thorough elucidation of all the circumstances connected with it a matter of very great difficulty.

Amongst the subjects of the deepest importance to society are questions that have been agitated by some of the most learned men, who have combined with acute powers of reasoning, great practical information, that have not entirely been decided, and to which I can only cursorily advert. One of these inquiries has been directed to ascertain whether the venereal disease can be cured without the employment of mercury; and another also remains for discussion, which of the preparations of mercury is the most useful.

To the first of these points the answer I would make is, that the cure may be effected, but it demands a thorough knowledge of the stage and state of the disease, the time at which it was first contracted, and the constitution in which it appears; and with regard to the second, nearly the same answer may be returned, but the particular remedy depends more upon the stage of the disease. You will find in a large class of your patients great dissatisfaction exist if you have not employed to some extent mercury, and should they during two, three, four years, or even for a longer period, have a pimple upon the face, or an ache in the leg, you will hear them declare that they believe that it is owing to their not having been perfectly cured when they labored under this affliction; and practitioners are often obliged, in compliance with the earnest anxiety of their patient, to have recourse to mercury when they do not feel perfectly satisfied either as to the necessity or the utility of this remedy. Hennen, who, in his "Principles of Military Surgery," has a short treatise upon syphilis, which is one of the most valuable little essays upon the subject which is to be found in our language, quotes an old author whom I have never chanced to meet with, Nicholas de Blegny, who quaintly says, "When pocky people have been told that they cannot be recovered but by salivation, and that they are only quacks and empirics who promise to cure it by other means, they become deaf to all further instructions and advice, and firmly believe that all other methods are dangerous and erroneous."

[To be continued.]

EXOPHTHALMOS, OR PROTRUSION OF THE EYEBALL FROM INJURY.

When the eyeball is pushed from its socket by external violence, as the optic nerve must in this case be suddenly stretched, we might *à priori* conclude, that the power of vision would be destroyed forever. This will often be the case, but not always: for instances have occurred of the eye being pushed suddenly and entirely out of the socket, and on being replaced, of vision being as perfect as before. The particulars of an instance are on record, in which the eyeball was almost entirely turned out of the socket by a sharp-pointed piece of iron pushed in beneath it. The iron passed through a portion of the socket, and remained very firmly fixed for the space of a quarter of an hour; during which period the patient suffered exquisite pain. He was quite blind in the affected eye; and the eyeball being pushed so far out as to give reason to suspect that the optic nerve was ruptured, it was doubted whether or not it would answer any purpose to replace it. It was, however, attempted; and it was found, on removing the wedge of iron—which being driven to the head was done with difficulty—that the power of vision instantly returned, even before the eye was replaced. The eye was now put easily into the socket; and the effects of inflammation being guarded against, the patient enjoyed very perfect vision. Where the eyeball remains entire and is not altogether separated from the contiguous parts, we ought not to despair, however severe, in other respects, the injury may have been. All extraneous bodies having been removed, the eye should be cautiously replaced; and with a view to prevent or moderate the inflammation, which otherwise might probably run high, blood-letting, both general and local, should be advised, together with a strict antiphlogistic regimen. At the same time light should be excluded from the eye, and it ought to be kept covered with a compress constantly wet with cold water or some evaporating lotion.

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THE SURGEON'S PRACTICAL GUIDE IN DRESSING.[*]

It is to be presumed that we shall differ essentially from most of our cotemporaries on the merits and value of this treatise. That it is necessary to be systematic in operative surgery, will not be questioned; but that it is expedient to pursue a particular and undeviating mode of applying bandages, cannot, we think, be admitted. A surgeon may study all the authorities in christendom, and yet, after all, will find himself obliged, in a majority of cases, to depend upon his own resources; he must exercise his mechanical ingenuity in all that concerns the simple process of bandaging a fractured limb or a recent wound. In fact, we have never known any two operators who pursued the same plan. This cannot have been in consequence of not having been well instructed in the mystery of applying rollers, for every surgical professor plays off two or three useless discourses on bandages, by way of wearing away the time in the lecture room, but few or none ever think they are worth hearing, and certainly not worth remembering.

Plainly, then, Mr. Cutler's book on the methodic application of bandages is made up of miserably-executed xylographic pictures, altogether inferior to the burden of wood cuts in a fourpenny almanack—with the accompanying text, which cannot be considered of much consequence one way or the other. Some of the most expert surgeons in this country have practised successfully through a long professional career, without ever having heard of a bandage book; and at this late period, they could not be much benefited by one. As operative surgery implies a mechanical adroitness, so whatever follows in the dressing of wounds, fractures, dislocations, &c., must partake of manual dexterity, which implies a capacity to meet every exigency. It is proper to be provided with lint, adhesive straps and rolls of various lengths and widths; but the idea of reducing the strictly mechanical business of putting these articles on, to a science, is quite ridiculous.

We now have reference, in these observations, to private practice, fully believing that no such production as this is worth the trouble of reading. In well-regulated hospitals, where every movement is deliberately performed, and the machinery, for exhibition as well as utility, should be always at hand to meet every conceivable case, the dresser may, with a show of propriety, act the posture master at the head of the company, and be stared at, as a consequential personage, for the special behoof of spectators. Still, it is all a farce to pretend that such an air of dignity is appropriate to the simple business of tearing cotton cloth into strips, like a tailor's measure. Perhaps it is an accomplishment to understand what plumasseau is, and that bourdonnet is a little mass of charpie rolled into an oblong form between the hands; but it is of no utility whatever. The student would profit more by studying something else in the line of his profession.

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[*] The Surgeon's Practical Guide in Dressing, and in the Methodic Application of Bandages, illustrated by engravings. By Thomas Cutler, M.D., late Staff Surgeon in the Belgian Army. Philadelphia. Haswell, Barrington & Haswell, 1838. 12mo., p. 208.

Dr. Cutler was undoubtedly an excellent surgeon in the Belgian army, who carried his experience, however, to a poor market, when he wrote this essay, because it is neither a nine-day wonder or even entitled to a place in a library. What can compare with those admirable directions, which are everywhere interspersed, in standard works on surgery, for performing the operations? Really, about as much would be gained by thoroughly perusing the index of Mr. Liston's admirable production, as by a week's devotion to our non-erudite author, who gathered scraps, here and there, out of all his predecessors in the art chirurgical, which, forsooth, is dubbed a book, under the specious title of a *guide*.

The publishers should have been advised before engaging in an undertaking so inferior; they are enterprising and usually discriminating, but in this instance less fortunate than common.

American Phrenological Journal.—A prospectus of a new periodical, to be called the *American Phrenological Journal and Miscellany*, has been sent abroad by that enterprising publisher, Mr. Adam Waldie, No. 46 Carpenter Street, Philadelphia. Such a work is much needed in this country, and deserves the sustaining patronage of the advocates of science. Some two or three years since, Messrs. Marsh, Capen & Lyon, of this city, published a phrenological periodical, which deserved a better fate than to die for want of subscribers, particularly in the very focus of phrenology. It was in Boston that the celebrated Spurzheim excited the highest curiosity by the novelty of his doctrine, and it was here that he closed a life of great activity and industry, which had been devoted to the promulgation of the facts and discoveries in this before unsurveyed field of philosophy. It was in Boston that the first Phrenological Society was organized in the western hemisphere, which still exists, possessing a cabinet of rare value, which may be considered one of the most curious objects in the city. With all these advantages and facilities for collecting information illustrative of the truth of phrenology, the Boston Journal was not sustained. But it does not devolve exclusively on believers to pay the printer; all who are well-wishers to the progress of human knowledge, without reference to their opinions on the value of the particular doctrine, should aid and assist in the maintenance of a work that will embrace a vast amount of curious matter, which otherwise cannot be concentrated in a form so convenient or systematic, as by a person diligently occupied in the science—for a science it is, and phrenology, notwithstanding the buffetings it has received, will ultimately command the respect of the highest order of talents in this country, as it already has in some of the most enlightened countries of Europe.

It would have gratified curiosity a little to have had the name of the editor announced; it would have inspired a degree of confidence, too, in the undertaking. Still, on the whole, it is of little consequence, as it is presumed that Mr. Waldie is well acquainted with the strength and resources of the gentleman who has been selected. No 1 is to appear the present month, and continue monthly, in thirty-two pages, octavo, at two dollars a year in advance. Its success will give us unfeigned pleasure.

Stranger's Fever.—Such is the designation given to the disease which has been, and perhaps now is, prevailing alarmingly at Charleston, S. C., which is characterized by extreme prostration of strength, fetid bilious discharges, tinged with blood occasionally ; a weak, rapid pulse, and, in the last stages, coma. Usually, just before death, there is a convulsive action of the muscles of expression, a restless movement of the limbs, and apparently a deep-seated pain in the neighborhood of the liver. Some throw considerable quantities of dark, ropy fluid from the stomach very freely, but without essentially relieving the condition of the sufferer. A yellowish tinge of the skin accompanies the progress of the malady, much more perceptible just before death, in those cases which have been particularly observed, than at any other period. The urine tinges the linen of a deep saffron color. The tongue is only occasionally dry ; but never swollen, thickly furred, nor protruded with extreme difficulty, as in some forms of typhus familiar to physicians here at the north.

It is proper to modify these remaks by saying that such are the phenomena observable in those cases which have occurred on board a vessel arriving in this port, in eleven days from Charleston. It is altogether probable that some considerable alteration is made in the character of the malady in coming so great a distance, to a place where the high winds and the cold September mornings and evenings always exert a striking influence on diseases of a domestic origin.

With seamen, it is their misfortune, when voyaging, if indisposed, to drench themselves intolerably with drastic purges. It matters not what their symptoms indicate—salts, jalap and calomel, in most formidable doses, and if alarmed, unnecessarily repeated, is too much the practice in every grade of seafaring life. No discrimination is made between one class of pains and another. This propensity for taking medicine on ship-board is so universal, that it is indeed strange that some one has not made the attempt to enlighten these hardy people of the ocean, by writing expressly for their understandings upon this topic. Medicine chests are furnished, to be sure, with some ninepenny treatise on the practice of physic, which refers to the numbers on the phials, but makes no satisfactory explanation of the action of the drug so designated. Medicine being considered, therefore, a remedy for human disease, the sailor practises upon the precept that the more he takes, the sooner he shall recover. Passengers are easily influenced by these customs—and when any sudden alarm is created by the development of a case of sickness, supposed to have any relationship whatever to a disease from which they fancy they are fleeing—as an epidemic, for example, such as that now so destructively rife at Charleston—they, too, instantly begin to break down their health in a vigorous effort to ward off a threatening evil. If the matter were carefully investigated, we apprehend that it could be satisfactorily shown that a multitude of ship-passengers have in this way been seriously injured, if not absolutely broken down in constitution, without the least cause for it, with the single exception of a distempered imagination induced by fear and the propensity of seamen to take physic. Our own experience in the course of years, both with sailors and those who voyage with them, convinces us that many lives are sacrificed to this salt-water vice.

Anonymous Fault-finding.—To please every person who reads the Journal, is hardly possible. The very attempt, in the first place, would be on the humiliating terms of relinquishing one privilege which every editor has a right to maintain ; viz., that of criticizing those emanations of the press which legitimately belong to the department of science or literature to which his publication is devoted, and which he is bound to notice according to his own individual views, without fear or partiality. This we have invariably done, and will in nowise refrain from doing to gratify any person, at home or abroad. The author of a communication addressed to the editor, signed *Philo-medicus Aldenis*, will perceive that he is in more haste to be angry, than the circumstances in the case require. We shall make no concessions nor apologies. When there is a wilful spirit of hostility manifested against a member of the profession, it will be time to come to his relief—but no brow-beating will terrify us nor in any degree change an opinion, once deliberately formed, of the value of any medico-literary production which may be noticed in these pages. For years in succession, whenever an opinion has happened to be advanced which run counter to the smooth current of some one more interested than ourselves in the issue of some point, not, perhaps, very important in itself or of consequence to the public, these anonymous criticisms have been poured in like a flight of locusts; but they cannot be met in a respectful manner, for we know not whom to address. We therefore beg to request those who have any wrongs to be redressed at our hands, to come out manfully and state their grievances, with full assurance of a kind reception.

Fiske Fund Dissertations.—A correspondent at the South requests a copy of the prize dissertations on puerperal sore mouth and scarlatina. We believe the premium was awarded to the dissertation on only one of these questions, the present year—but which, we have not learned, nor have we heard in what manner it is to be given to the public.

Yellow Fever in Havana.—Nothing could have been more unlooked for than this former scourge, after all that has been said of the excellent condition of the city the last few years. If there is no obvious local cause, such, for example, as the accumulation of masses of putrid vegetable materials in the gutters, the once assigned cause of yellow fever in Havana, its return must be imputed to certain conditions of the atmosphere which no system of cleanliness can materially affect. Should the mortality become at all alarming, we trust our friend and correspondent, Dr. Osgood, will transmit the particulars. By turning back to page 53 of Vol. XIII., the reader will find a paper from that gentleman, on the treatment pursued by him in a very extensive practice of upwards of twenty years in the island of Cuba.

On the Division of the Tendo Achillis in Cases of Club-Foot.—Mr. John Whipple, a surgeon of Plymouth, Eng., has published a very valuable paper, which contains the details of no fewer than nine cases, all operated upon by himself, and, with one exception, in which the failure was not attributable to the operator, all with perfect success. The patients were aged 9, 8, 28, 8, 2½, 7½, 14, 7, 1 1-6 years respectively; and the comparison of the details justifies the deduction drawn by Mr. W., that *infancy* is the time most favorable for the operation. This surgeon's experience has so entirely convinced him of the curability of this deformity by the operation when properly conducted, that he asserts "that every case of talapes verus, if not arising from cerebral or spinal irritation, can be cured by steady attention and perseverance on the part of the surgeon."

Died,—In Plymouth, Mass., Charles Field, M.D., 34, a native of North Yarmouth, Me., and a graduate of Bowdoin College in 1827.—At Paris, Dr. Fabre Palaprat, general director of the Société Medico-Philanthropique; Dr. A. Salmade, once the physician of Louis XVIII. and the dethroned monarch, Charles X.—At Strasburg, Dr. Meunier, a professor in the university.

Whole number of deaths in Boston for the week ending September 8, 51. Males, 24—females, 27.

Consumption, 9—dysentery, 9—infantile, 3—canker, 4—bilious fever, 2—dropsy on the brain, 2—cholera infantum, 3—old age, 2—fits, 2—hooping cough, 1—croup, 1—diarrhœa, 1—scarlet fever, 1—lung fever, 2—dropsy, 1—apoplexy, 2—burn, 1—accidental, 1—inflammation of the bowels, 1—stoppage in the bowels, 1—marasmus, 1—stillborn, 3.

HARVARD UNIVERSITY—MEDICAL LECTURES.

The Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by - - - - Dr. J. C. Warren.
Midwifery and Medical Jurisprudence, by - - - - Dr. Channing.
Materia Medica and Clinical Medicine, by - - - - Dr. Bigelow.
Principles of Surgery and Clinical Surgery, by - - - Dr. G. Hayward.
Chemistry, by - - - - - - - Dr. Webster.
Theory and Practice of Physic, by - - - - - Dr. Ware.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,
Boston, July 23, 1838. Aug 1—tN Dean of the Faculty of Medicine.

SCHOOL FOR MEDICAL INSTRUCTION.

The Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - - Dr. Bigelow.
On Anatomy and Surgery, by - - - - - - - - Dr. Reynolds.
On Midwifery and Chemistry, by - - - - - - - Dr. Storer.
On Physiology and Pathology, by - - - - - - - - Dr. Holmes.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

JACOB BIGELOW,
EDWARD REYNOLDS,
Boston, August 17, 1838. D. HUMPHREYS STORER,
Aug 22—ep3m OLIVER W. HOLMES.

MEDICAL INSTITUTION OF YALE COLLEGE.

The course of Medical Instruction in Yale College begins on Thursday, November 1st, 1838, and it continues seventeen weeks. The several branches are taught as follows, viz.

Theory and Practice of Medicine, by - - - Eli Ives, M.D.
Chemistry and Pharmacy, by - - - - - Benjamin Silliman, M.D. and LL.D.
Materia Medica and Therapeutics, by - - William Tully, M.D.
Principles and Practice of Surgery, by - - - Jonathan Knight, M.D.
Obstetrics, by - - - - - - - - Timothy P. Beers, M.D.
Anatomy and Physiology, by - - - - - Charles Hooker, M.D.

The matriculation fee and contingent bill are $7,50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are $12,50 each, and for Obstetrics $6.00—amounting to $76,00—the whole to be paid in advance. The graduation fee is $15,00.

Yale College, Aug. 16, 1838. A29—6w CHAS. HOOKER, *Secretary.*

INFIRMARY FOR SPINAL DISTORTIONS, CLUB FEET, &c.

At 65 Belknap Street, Boston.

Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838. tf.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The Lectures in this Institution will commence on the first Monday in November, and continue for four months.

J. Augustine Smith, M.D., Professor of Physiology.

Alexander H. Stevens, M.D., Professor of Clinical Surgery. (Lectures at the New York Hospital.)

Joseph Mather Smith, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.

Edward Delafield, M.D., Professor of Obstetrics and the Diseases of Women and Children.

John B. Beck, M.D., Professor of Materia Medica and Medical Jurisprudence.

John Torrey, M.D., Professor of Chemistry and Botany.

John R. Rhinelander, M.D., Professor of Anatomy.

Alban G. Smith, M.D., Professor of the Principles and Practice of Surgery.

Robert Watts, Jr., M.D., Lecturer on Special Anatomy.

The expense of attending a course of Lectures by all the Professors, is $108.

Attendance upon two complete courses of Lectures is necessary to entitle the student to present himself for graduation, one of which must have been attended at this College. He must also have studied medicine three years, and attained the age of twenty-one years.

Two opportunities in each year are afforded for graduation; one on the first Tuesday in April, and one on the last Tuesday in October.

The examination of Candidates for the Spring graduation commences on the first of March, and for the Fall graduation on the 2nd Tuesday in September.

College Building.—During the last year, the new and extensive College edifice in Crosby Street has been completed. In its construction, no effort has been spared to provide within its walls every accommodation that may be necessary for carrying on the business of instruction in the various departments of Medical Science, and it is believed that in no one respect will it be found wanting in the great objects for which it was designed. To the planning of the Anatomical part of the building, especial attention has been paid, with the view of furnishing every convenience and accommodation that may be required for teaching Anatomy, as well as for private dissection. In addition to the public dissecting room, a number of smaller rooms have been fitted up, where Anatomical investigations may be pursued in a more retired and private manner.

New York Hospital.—This institution accommodates about two hundred and fifty patients, and presents every variety of disease and accident to which the human frame is liable. Situated in the very heart of the city, and within a few minutes walk of the College, it possesses the great advantage of being easy of access, without any loss of time, and the students have daily opportunities of witnessing the practice of the house.

New York Ear and Eye Infirmary.—The average number of patients who resort annually to this Institution, for professional advice, amounts to upwards of one thousand. It thus furnishes the amplest field for observation and instruction in the various diseases of the Eye and Ear. It is opened gratuitously to the students of the College.

J. AUGUSTINE SMITH, M.D., *President.*
N. H. DERING, M.D., *Registrar.*

New York, June 25, 1838. Aug 29—tN1

FOR SALE.

The house now occupied by Dr. Eli Hall, together with 30 or 40 acres of good land. The house is well constructed, two stories high, almost new, in good style, large and commodious rooms, superior cellar, wood-house, well, carriage-house, and horse-barn attached. Also a variety of excellent, selected fruit trees—cherries, plumbs, pears and apples. Possession given to suit the purchaser. Few situations can be found more desirable for a physician or lawyer. Terms very low.

For further particulars inquire of J. H. Flint, M.D., Springfield; C. A. Hall, M.D., Northampton; R. H. Hall, No. 55 Kilby Street, Boston, or at the premises.

Blandford, Mass., August, 1838. Aug 8—6w

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by Dr. Channing.
On Physiology, Pathology, Therapeutics, and Materia Medica, - - " Dr. Ware.
On the Principles and Practice of Surgery, - - - - - - - " Dr. Otis.
On Anatomy, - - - - - - - - - - - - " Dr. Lewis.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are $100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—tf

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